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## BIB DATA SHEET

CONFIRMATION NO. 1073

<b>SERIAL NUMBER</b> 09/918,365	<b>FILING or 371(c) DATE</b> 07/30/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 1792	<b>ATTORNEY DOCKET NO.</b> 050623.00379		
<b>APPLICANTS</b> Eugene T. Michal, San Francisco, CA; Ni Ding, San Jose, CA; Christopher J. Buchko, Chicago, IL; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 07/01/2002						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/ERMA C CAMERON/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> 79	<b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b> SQUIRE, SANDERS & DEMPSEY LLP 1 MARITIME PLAZA SUITE 300 SAN FRANCISCO, CA 94111 UNITED STATES						
<b>TITLE</b> AN IMPLANTABLE MEDICAL DEVICE INCLUDING A COVALENTLY IMMOBILIZED ANTI-THROMBOGENIC MATERIAL						
<b>FILING FEE RECEIVED</b> 2436	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		